



Guardian Oilfield Services, Inc.

Application for Employment

We recognize that employees are Guardian Oilfield Services, Inc. most valuable assets. Challenging and interesting positions, personal and professional development and ongoing efforts to provide you with a pleasant and safe working environment, all reflect the Company's interest and concern for you. We appreciate your interest in becoming part of our family.



Welcome, and thank you for considering Guardian Oilfield Services, Inc., as a prospective candidate with which to further your career in the Oil and Gas Services Industry. As you complete this application, please ensure all information is filled out...true and to the best of your knowledge. As a vetting process, applications not only speak for your career...they speak for your integrity and diligence to detail and character. Please, DO NOT leave portions of this application blank deliberately. It is important, from a business and regulatory perspective, we have all the information required about you, the prospective employee, to properly examine and maintain our compliance as a company. Once you have completed this application, return it to the individual you received it from so that it may be processed and reviewed by the appropriate personnel. If you have any questions regarding this application...feel free to contact us so we may help clear up any discrepancies or misunderstandings in your application process. Thank you for considering us as a future employer.

Regards,

Scot Fairchild

President

Guardian Oilfield Services, Inc.

Applicant Information

Applicant Name _____
(Last) (First) (M)

Address _____

(City) (State) (ZIP)

Mailing Address for Payroll, if Different Than Above Address

Date of Birth _____ Social Security Number _____

Cell Phone Number: _____

Driver/Licensing Information

Driver License Number _____ State _____ Class _____

Expiration Date _____ Endorsements _____

DOT Physical Card Expiration Date _____

Restrictions _____

APPLICATION

(Please, fill out information to the best of your knowledge and ability)

Position(s) Being Applied For _____

List Addresses of Residency for the Last Three Years from most recent

Current Address _____
Street City State ZIP Years at Residence

Previous Addresses _____
Street City State ZIP Years at Residence

Can you legally work within the United States? _____
Yes No

Can you provide proof of Identity upon Request? _____
Yes No

Have you ever worked for Guardian Oilfield Services, Inc. before? _____

If so, where and when? _____
Location Dates: From To

Position Held _____ Rate of Pay _____

Reason for Leaving _____

Are you currently employed? _____

If Not, How long have you been unemployed? _____

How did you hear about Guardian Oilfield Service, Inc.?

What is your expected Rate of Pay? _____

What Positions are you most interested in? _____

Have you ever been convicted of a felony? _____

If yes, please explain the nature of your conviction on the blank sheet of paper provided for you at the back of this application.

(Conviction of a crime is NOT an automatic deterrent for employment)

Are there any reasons for which you may not be able to perform the work required here at Guardian Oilfield Service, Inc.? _____

If so, explain in the space provided

Employment History

All applicants who engage in interstate/intrastate commerce as a driver must disclose the following employment history information to any prospective employer for the previous three years. Those applicants who engage in interstate/intrastate commerce as a commercial driver are required to disclose an additional seven years of employment history.

Three Year Employment History for General Employee/Drivers

NO GAPS IN EMPLOYMENT	Current Employer	Date	
Name		From	To
Address		Position Held	
City	State	ZIP	Salary/Wage
Contact Person	Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Previous Employer	Date	
Name		From	To
Address		Position Held	
City	State	ZIP	Salary/Wage
Contact Person	Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Previous Employer	Dates	
Name		From	To
Address		Position Held	
City	State	ZIP	Salary/Wage
Contact Person	Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>			

Commercial motor vehicle includes vehicles with a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more occupants or any sized vehicle used to transport hazardous materials in a quantity requiring placarding. The Federal Motor Carrier Safety Administration Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle; (1) weighs or has a GVWR of 10,001 lbs. or more. (2) Is designed or used to transport 9 or more passengers, or; (3) is of any size used to transport hazardous material in a quantity requiring placarding.

Additional Seven Year History for Commercial Driver's License Holders

Previous Employer			Dates	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person		Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>				
Previous Employer			Dates	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person		Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>				
Previous Employer			Dates	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person		Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>				
Previous Employer			Dates	
Name			From	To
Address			Position Held	
City	State	ZIP	Salary/Wage	
Contact Person		Phone Number	Reason For Leaving	
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO				
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>				

Previous Employer		Dates	
Name		From	To
Address		Position Held	
City	State	ZIP	Salary/Wage
Contact Person		Phone Number	Reason For Leaving
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>			
Previous Employer		Dates	
Name		From	To
Address		Position Held	
City	State	ZIP	Salary/Wage
Contact Person		Phone Number	Reason For Leaving
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>			
Previous Employer		Dates	
Name		From	To
Address		Position Held	
City	State	ZIP	Salary/Wage
Contact Person		Phone Number	Reason For Leaving
Were You subject to FMCSR while Employed <input type="checkbox"/> Yes <input type="checkbox"/> NO			
Was your job designated as a safety sensitive function according to DOT Regulations, and subject to drug and alcohol testing requirements of 49 CFR Part 40 YES <input type="checkbox"/> NO <input type="checkbox"/>			

Commercial motor vehicle includes vehicles with a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more occupants or any sized vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Administration Regulations (FMCSR) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle; (1) weighs or has a GVWR of 10,001 lbs. or more. (2) Is designed or used to transport 9 or more passengers, or; (3) is of any size used to transport hazardous material in a quantity requiring placarding.

Accident Record

Record any accident which may have occurred within the past three years. If more space is required, use the blank sheet attached at the end of this application.

Accident	Dates	Nature of Accident (Head-On, Rear-End, Upset, etc.)	Fatalities Yes / No	Injuries Yes / No Nature	Haz. Material Yes / No
Last Accident					
Next Previous					
Next Previous					

Driver's Certification of Violations

List any and all traffic violations, convictions and forfeitures for the past three years, other than parking violations. If there are none...declare none on the form. If you are in doubt as to time and place, record the violation with the best approximation possible.

To Be Completed By Driver:			
Name of Driver:	SSN:	Date of Employment:	
Home Terminal:	D.L. Number:	State:	Expiration Date
I certify that the following list is true and accurate list of all traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the last year. (If you have had no violations, please state below.)			
Date:	Offense:	Location:	Type of Veh.
Date:	Offense:	Location:	Type of Veh.
Date:	Offense:	Location:	Type of Veh.
Date:	Offense:	Location:	Type of Veh.
If no violations are listed above, I certify I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past twelve months.			
Date of Certification: _____ Driver's			
Signature: _____			

Experience/Qualifications

Driver Or other Licenses	State	License Number	Type	Expiration Date

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

Has any license, permit or privilege ever been revoked? Yes ___ No ___

If the answer to either question is yes, please give details. _____

Class of Equipment	Circle One	Circle Type of Equipment	Dates		Approximate Number of Miles (Total)
			From	To	
Straight Truck	Yes / No	Van, Truck, Flat, Dump, Refer			
Tractor and Semi-Trailer	Yes / No	Van, Truck, Flat, Dump, Refer			
Tractor-Two Trailers	Yes / No	Van, Truck, Flat, Dump, Refer			
Tractor-Three Trailers	Yes / No	Van, Truck, Flat, Dump, Refer			
Motor Coach-School Bus	Yes / No				
Other:	Yes / No	Van, Truck, Flat, Dump, Refer			

LIST STATES OPERATED IN FOR THE LAST FIVE YEARS. _____

SHOW SPECIAL COURSES OR TRAINING THAT WOULD HELP AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: _____

Experience and Qualifications – Other

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION: _____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Last School Attended: (Name)

(City State)

This certifies that this application was completed by me, and that all entries on this application and information herein are true and complete and best to my knowledge.

Signature: _____

Date: _____

Guardian Oilfield Services, Inc.

Po Box 146
Leedey, OK 73654

**APPLICANT AFFIRMATION OF
DRUG AND ALCOHOL TESTING POLICY**

STATEMENT OF POLICY

Guardian Oilfield Services, Inc. is committed to providing a safe, drug and alcohol free workplace for all Company employees and the general public.

Guardian Oilfield Services, Inc. is concerned with the safety and well-being of its employees. Guardian Oilfield Services, Inc. Drug and Alcohol Testing Program offers a helping hand to those who need it, while sending a clear message that drug or alcohol use **WILL NOT BE TOLERATED!**

It is the policy of Guardian Oilfield Services, Inc. that all applicants, for safety sensitive positions, who receive a conditional offer of employment, submit to a drug test to document that they are drug free. Refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" result for employment and disqualification purposes. Any applicant who receives a confirmed "positive" drug screen result will have the offer of employment withdrawn and will be subject to disqualification from employment. Applicant will be referred to a Substance Abuse Professional (SAP). If an applicant receives a verified positive drug test result and requests a retest of the split sample, applicant agrees to reimburse Guardian Oilfield Services, Inc. for the cost of the retest \$150.00.

AFFIRMATION OF POLICY

As an applicant for a position, I affirm that I have read and understand the Guardian Oilfield Services, Inc.'s Drug and Alcohol Testing Policy Statement of Policy noted above, and I am aware that any offer of employment is conditional upon my taking a drug test and the results thereof. If hired into a position for Guardian Oilfield Services, Inc. I agree to abide, by all provisions of the anti-drug policy, as a condition of my continued employment with Company.

Applicant Name (Please Print)

Applicant Signature

Date

Guardian Oilfield Services, Inc. Representative

Date

REQUIRED FOR ALL NEW HIRES

Guardian Oilfield Services, Inc. PO Box 146
Leedey, OK 73654
580-374-7145
580-705-0039

DRUG AND ALCOHOL TESTING PROGRAM PARTICIPATION, VERIFICATION, RELEASE FORM

49CFR, part 40.25 of the US Department of Transportation regulations requires employers, who hire or transfer applicant/employees to safety sensitive positions, to obtain from previous employers, pursuant to consent, information concerning the applicant/employee's drug and alcohol testing records for the past two (2) years.

I, _____ Social Security Number _____ - ____ - ____
Print applicant/employee name

have made application for hire or transfer on _____ and give
consent to: _____
Date of application

Previous employers name _____
Address _____
City, State, Zip _____
Telephone number _____

to provide information concerning my drug and alcohol-testing records for the past two (2) years, from the date above, in compliance with 49CFR, part 40.25.

(1) Did this employee perform for you safety sensitive work as defined by DOT regulations?
Yes / No.

(2) Do you have knowledge of any alcohol tests with a result of 0.04 or higher alcohol concentration in the past two years? Yes / No. If yes what was the date
_____.

(3) Do you have knowledge of any verified positive drug tests in the past two years? Yes / No.
If yes what was the date _____.

(4) Do you have knowledge of any refusals to be tested in the past two years (including verified adulterated or substituted drug test results)? Yes / No. If yes what was the date
_____.

(5) If the answer to any question 2-4 is yes, please send information concerning the Substance Abuse Professional (SAP) assessment and treatment, letter of treatment completion, return-to-duty test, and follow-up testing plan and completed tests. 49 CFR, part 40.25(h) requires you to provide this information.

Name and title of person completing this form: _____
Name Title Date

Applicant/Employee Signature _____
Date _____

**Certification of Compliance
With Driver's License Requirements**

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates in intrastate, interstate or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials which require placarding.

DRIVER'S LICENSE REQUIREMENTS: part 383 and 391 of the Federal motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as Follows:

- 1) **POSSESS ONLY ONE LICENSE:** You as a commercial driver may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your current state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the official record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b) (2) and 383.33 of the Federal Motor carrier Safety regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). That notification to both the employer and the state must be in writing.

The following license is the only one I possess:

DRIVER LICENSE NO. _____ STATE: _____ EXP. DATE:

DRIVER'S CERTIFICATION: I certify that I have read and understand the above requirements

DRIVER'S PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

Business Use Only:

Review Date: _____

Acceptance or Decline Date: _____

Reviewed By: _____

Hire Date: _____